

Board of Health, City of Baltimore,

OFFICE OF REGISTER OF VITAL STATISTICS.

Permit No. 99280

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Apr. 15, 1887

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Ann Perkins

Sex, ~~Male~~ or ~~Female~~, { cross out the word not required in this line. }

Age, Seventy eight Years, — Months, — Days.

Color, White

~~Married~~, ~~Single~~, ~~Widow~~ or ~~Widower~~, { Cross out the word not required in this line. } Single

Occupation, —

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } City

Duration of Residence in the City of Baltimore, 28 yrs

Place of Death, { Give street and number } 522 North Eden St

Cause of Death { First, (Primary.) Bronchitis Second, (Immediate.) Senility }

Duration of last Sickness, Ten days

All the above information should be furnished by the Physician.

Place of Burial, Balto. Cem.

Date of Burial, April 18, 1887

Undertaker, Wm. H. Hickman

Place of Business, 234 N. Gay St. Address, 841 - N. Howard St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

HEALTH DEPARTMENT BUREAU OF VITAL STATISTICS BALTIMORE CITY, cm 1132. Printed 10/25/2022.

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

Health Department, City of Baltimore.

Permit No. 99281 Office of Registrar of Vital Statistics. Ward 8

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

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CERTIFICATE OF DEATH.

Date of Death, April 15 - 1887

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } George A Hanna

Sex, Male or Female, { Cross out the word not required in this line. } Male

Age, 30 Years, — Months, — Days.

Color, white

Married, Single, Widow or Widower, { Cross out the words not required in this line. } Single

Occupation, Painter

Birth Place, { State or country, and how long in the United States, if of foreign birth. } Baltimore

Duration of Residence in the City of Baltimore, lifetime

Place of Death, { Give Street and Number. } 1548 N. Front - st

Cause of Death, { First (Primary), Second (Immediate), } Pneumonia
apoplexy
3 days

Duration of Last Sickness, 3 days

All the above information should be furnished by the Physician.

Place of Burial, Baltimore

Date of Burial, April 18 87

Undertaker, Amos Denny D. M. D.

Place of Business, 1263 Light St Address, 403 N. Eola - st

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[OVER.]

The Special Attention of Physicians is respectfully invited to the Remarks below, and to List of Diseases on back of this Certificate.

Health Department, City of Baltimore.

Permit No. 99282 Office of Registrar of Vital Statistics.

Ward 5th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

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CERTIFICATE OF DEATH.

Date of Death, April 14th 1887

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Peter M Jones

Sex, Male or ~~Female~~, { Cross out the word not required in this line. }

Age, 66 Years, _____ Months, _____ Days.

Color, Colored

Married, ~~Single~~, ~~Widow~~ or ~~Widower~~, { Cross out the words not required in this line. }

Occupation, White Washer

Birth Place, { State or country, and how long in the United States, if of foreign birth. } Kent County Md

Duration of Residence in the City of Baltimore, 45 years

Place of Death, { Give Street and Number. } 1104 Douglas Street

Cause of Death, { First (Primary), Second (Immediate), } Bright's Disease of Kidneys

Duration of Last Sickness, 3 months

All the above information should be furnished by the Physician.

Place of Burial, Levee Cemetery

Date of Burial, Apr 17 1887

{ Undertaker, William Dinger Samuel H Powell M. D.

Medical Attendant.

{ Place of Business, 150 Eot St, Address, 29 Arisquith St

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[OVER.]

Board of Health, City of Baltimore.

Permit No. 99283 Office of Registrar of Vital Statistics. Ward 19

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

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CERTIFICATE OF DEATH

Date of Death, April 14th 1887.

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Oliver Edwards

Sex, Male or Female, { Cross out the word not required in this line. } Male

Age, 32 Years, - Months, - Days, ✓

Color, Black

Married, Single, Widow or Widower, { Cross out the word not required in this line. } Married

Occupation Laborer

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Annamundle Co., Md.

Duration of Residence in the City of Baltimore, 13 Years

Place of Death, { Give street and Number. } old #60 Vincent Alley - Baltimore

Cause of Death, { First (Primary), Bronchitis }
 { Second (Immediate), Phthisis Pulmonalis }

Duration of Last Sickness, Three Months

All the above information should be furnished by the Physician.

Place of Burial Sharpe St Cemetery

Date of Burial, Apr 17 1887

Undertaker William N. Dunger { H. H. Biedler M. D. Medical Attendant. }

Place of Business, 150 East St Address, 119 W. Saratoga St

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[OVER.]

Health Department, City of Baltimore.

Permit No. *99284* Office of Registrar of Vital Statistics.

Ward *11*

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

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CERTIFICATE OF DEATH.

Date of Death, *April 15 1887*

Full Name of Deceased, *Adelaide E. Carter*

Sex, Male or Female, *Female*

Age, *1* Years, *8* Months, *—* Days.

Color, *Colored*

Married, Single, Widow or Widower, *Single*

Occupation, *—*

Birth Place, *Baltimore*

Duration of Residence in the City of Baltimore, *—*

Place of Death, *803 Elder St*

Cause of Death, *Conjestion Lungs*

Duration of Last Sickness, *One week*

All the above information should be furnished by the Physician.

Place of Burial, *Levens Cemetery*

Date of Burial, *Apr 17 1887*

Undertaker, *William Dunge* *W. D. Gillies* M. D.

Medical Attendant.

Place of Business, *150 East St* Address, *437 W Biddle St*

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

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[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

Health Department, City of Baltimore.

Permit No. *99285* Office of Registrar of Vital Statistics.

Ward *6*

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

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CERTIFICATE OF DEATH.

Date of Death, *April 14th 1887*

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } *Nancy Crumwell*

Sex, ~~Male~~ or Female, { Cross out the word not required in this line. }

Age, *24* Years, Months, Days.

Color, *Black*

Married, ~~Single~~, ~~Widow~~ or ~~Widower~~, { Cross out the words not required in this line. }

Occupation, *Housewife*

Birth Place, { State or country, and how long in the United States, if of foreign birth. } *Ind*

Duration of Residence in the City of Baltimore, *1 1/2 yrs*

Place of Death, { Give Street and Number. } *522 N Duncan ally*

Cause of Death, { First (Primary), Second (Immediate), } *Pneumonia*
congestion of lungs.

Duration of Last Sickness, *5 days*

All the above information should be furnished by the Physician.

Place of Burial, *Levee Cemetery*

Date of Burial, *Apr 17 1887*

{ Undertaker, *William Dunge* } *P. J. Hopman* M. D. Medical Attendant.

{ Place of Business, *150 East St* } Address, *18 1/2 E Baltimore St.*

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

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[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. *99286* Office of Registrar of Vital Statistics.

Ward *10*

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CERTIFICATE OF DEATH.

Date of Death, *April 16th 1887*

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } *Luther Albert Watkins*

Sex, Male or Female, { Cross out the word not required in this line. } *Male*

Age, *2* Years, *5* Months, *✓* Days

Color, *white*

Married, Single, Widow or Widower, { Cross out the words not required in this line. } *✓*

Occupation, *✓*

Birth Place, { State or country, and how long in the United States, if of foreign birth. } *Baltimore, Md.*

Duration of Residence in the City of Baltimore, *Life residence*

Place of Death, { Give Street and Number. } *410 N. Poppleton*

Cause of Death, { First (Primary), Second (Immediate), } *Catarrhal pneumonia*

Duration of Last Sickness, *One week.*

All the above information should be furnished by the Physician.

Place of Burial, *Green Mount*

Date of Burial, *April 18th 1887*

Undertaker, *J. E. Hughes* *Louis R. Knight* M. D. Medical Attendant.

Place of Business, *1408 Pennsylvania Ave* Address, *414 N. Greene*

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

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[OVER.]

Board of Health, City of Baltimore.

Permit No. 99287 Office of Registrar of Vital Statistics. Ward 12th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

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CERTIFICATE OF DEATH.

Date of Death, April 17th 1887

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Beatrice Hanley

Sex, ~~Male~~ or Female, { Cross out the word not required in this line. } Female

Age, 8 Years, 8 Months, — Days,

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. } Single

Occupation —

Birthplace, { State or country, and how long in the United States, if of foreign birth. } 104 Dolphin St

Duration of Residence in the City of Baltimore, Life

Place of Death, { Give street and Number. } 104 Dolphin St

Cause of Death, { First (Primary), Catarhal fever
Second (Immediate), Exhaustion }

Duration of Last Sickness, 2 or 3 Weeks

All the above information should be furnished by the Physician.

Place of Burial, St Peter's Cemetery

Date of Burial April 18th 1887

Undertaker Stewart & Mowen M. D. Dr. H. J. Gussner

Place of Business, 215 & 217 Park Ave Address, 1204 Hanover St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

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[OVER.]

The Special Attention of **PHYSICIANS** is respectfully invited to the remarks below, and to list of diseases on back of this certificate.

Health Department, City of Baltimore.

Permit No. 99288 Office of Registrar of Vital Statistics. Ward 9

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

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CERTIFICATE OF DEATH.

Date of Death, April 16 1887

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Henry Henkens

Sex, Male or Female, { Cross out the word not required in this line. }

Age, 46 Years, Months, Days

Color, white

Married, Single, Widow or Widower, { Cross out the words not required in this line. } Single

Occupation, Carpenter

Birth Place, { State or country, and how long in the United States, if of foreign birth. } Balto

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, { Give Street and Number. } 229 Courtland St
Courtland

Cause of Death, { First (Primary), Second (Immediate), } Heart Disease

Duration of Last Sickness, some years

All the above information should be furnished by the Physician.

Place of Burial, St. Alphonsus

Date of Burial, April 18 1887

Undertaker, A. Rosenberger Latimer M. D.

Place of Business, 61 Park Ave Address, 19 Franklin

Medical Attendant.

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[OVER.]

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Health Department, City of Baltimore.

Permit No.

99289

Office of Registrar of Vital Statistics.

Ward

18th

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CERTIFICATE OF DEATH.

Date of Death, April 15th - 87

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Clarence Wayman

Sex, Male or Female, { Cross out the word not required in this line. } Male

Age, Years, 8 Months, 4 Days.

Color, Colored

Married, Single, Widow or Widower, { Cross out the words not required in this line. } Single

Occupation,

Birth Place, { State or country, and how long in the United States, if of foreign birth. } Baltimore

Duration of Residence in the City of Baltimore, 8 mar. 4 days

Place of Death, { Give Street and Number. } 5-23 West St.

Cause of Death, { First (Primary), Pneumonia
Second (Immediate), one week

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, High St Cemetery

Date of Burial, April 17th 1887

{ Undertaker, Hercules

Wm P. Chum M. D.

Medical Attendant.

{ Place of Business, 409 E. Market St. Address,

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[OVER.]